SCHEDIII E A

SCHEDULE A ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 2827 / 4441 (check only one)
- 4 '			Detailed Summary Page	16 x 17a 17b 17c 17d 18 19a 19b 20a 20b 20c 21
An or t	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) JOHN MCCAIN 2008, INC.			
<u>΄</u> Δ.	Full Name (Last, First, Middle Initial) MS. LAURA K. SIART			Date of Receipt
	Mailing Address 266 TOYOPA DR			0 2 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity State Zip Code ACIFIC PALISADES CA 90272-4462			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30212-4402	200.00
	me of Employer Occupation LF ATTORNEY		CONTRIBUTION	
	Receipt For: 2008 X Primary General Other (specify) ▼		ycle-to-Date ▼ 2300.00	
	Full Name (Last, First, Middle Initial)			Transaction ID: SA17.281816
	MR. WILLIAM E. B. SIART			Date of Receipt
	Mailing Address 429 SANTA MONICA BOULEVARD	SUITE 64)	01 24 2007
	City CANITA MONICA	State	Zip Code	
	SANTA MONICA FEC ID number of contributing federal political committee.	CA	90401-3409	Amount of Each Receipt this Period 2100.00
	Name of Employer EXECUTIVE EDUCATION THROU- GH CHARTER SC		ION ADVISOR	CONTRIBUTION
	Receipt For: 2008	Election C	ycle-to-Date ▼	
	X Primary General Other (specify) ▼		2300.00	7
	X Primary General Other (specify) ▼	0 0	2300.00	Transaction ID: SA17.272079
D.	X Primary General		2300.00	Transaction ID: SA17.272079 Date of Receipt
D .	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address 429 SANTA MONICA BOULEVARD	SUITE 64		
	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address	SUITE 640 State CA		Date of Receipt
	X Primary General Other (specify) Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address 429 SANTA MONICA BOULEVARD City	State) Zip Code	Date of Receipt O 2
	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address 429 SANTA MONICA BOULEVARD City SANTA MONICA FEC ID number of contributing	State CA Occupation EDUCAT	Zip Code 90401-3409	Date of Receipt M M M / D D / Y Y Y Y Y O 2 1 3 2 0 0 7 Amount of Each Receipt this Period 200.00 CONTRIBUTION
	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address 429 SANTA MONICA BOULEVARD City SANTA MONICA FEC ID number of contributing federal political committee. Name of Employer EXECUTIVE EDUCATION THROUGH CHARTER SC Receipt For: 2008 X Primary General	State CA Occupation EDUCAT	Zip Code 90401-3409 ION ADVISOR ycle-to-Date	Date of Receipt M M M
	X Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MR. WILLIAM E. B. SIART Mailing Address 429 SANTA MONICA BOULEVARD City SANTA MONICA FEC ID number of contributing federal political committee. Name of Employer EXECUTIVE EDUCATION THROUGH CHARTER SC Receipt For: 2008 X Primary General	State CA Occupation EDUCAT Election C	Zip Code 90401-3409 ION ADVISOR ycle-to-Date 2300.00	Date of Receipt M M M / D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y